

✓
L17660 110086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

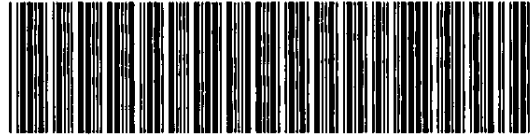
(Business Entity Name)

(Document Number)

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SECTION 1
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **VALESOF DIGITAL LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD ZAMBRANO

Name of Person

VALESOF DIGITAL LLC

Firm/Company

4000 VENETIAN BAY BLDG 1 APT#106

Address

KISSIMMEE FL 34741

City/State and Zip Code

telecommca@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD ZAMBRANO at **407 749-2066**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATE OF FLORIDA
TALLAHASSEE

VALESOF DIGITAL LLC

The Articles of Organization for this Limited Liability Company were filed on 08/05/2013 and assigned Florida document number L13000110086.

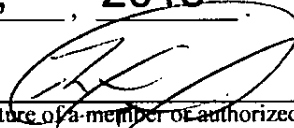
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MGR = Manager
MGRM = Managing Member

Remove
3 DEC 31
Add
Remove
9

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **DECEMBER 20,** , **2013**


Signature of a member or authorized representative of a member

RONALD ZAMBRANO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA